

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

In re:

DELPHI CORPORATION, et al.,

Delphi Automotive Systems LLC

("the Debtors")

Chapter 11

Case No. 05-44481 (RDD) Jointly  
Administered

Case No. 05-44640

Schedule No.: 2097

**NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR FILED  
CREDITOR, NOVELLUS SYSTEMS, INC., IN THE AMOUNT OF \$154,620.81, TO STONEHILL  
INSTITUTIONAL PARTNERS, L.P.**

**To Transferor:** NOVELLUS SYSTEMS, INC.  
Attn: WILLIAM KURTZ, C.F.O.  
4000 N. 1ST STREET  
SAN JOSE, CA 95124  
USA

PLEASE TAKE NOTICE that the transfer of \$154,620.81 of the above-captioned General Unsecured claim has been transferred to:

**Transferee:** Stonehill Institutional Partners, L.P.  
Attn: Steve Nelson  
c/o Stonehill Capital Management  
885 Third Avenue, 30th Floor  
New York, NY 10022  
Phone: 212-739-7474

The evidence of transfer of claim is attached hereto. An excerpt from the claims agent website listing the claim and a copy of the proof of claim is attached.

No action is required if you do not object to the transfer of your claim. However, if you do object to the transfer of your claim, within 20 days of the date of this notice, you must file a written objection with the Office of the Clerk, United States Bankruptcy Court, Southern District of New York, One Bowling Green, New York, NY 10004-1408. If your objection is not timely filed, the transferee will be substituted in your place as the claimant on our records in this proceeding.

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(FOR CLERK'S OFFICE USE ONLY):

This notice was mailed to the first named party, by first class mail, postage prepaid on \_\_\_\_\_, 2006.

INTERNAL CONTROL NO. \_\_\_\_\_

Copy: (check) Claims Agent \_\_\_\_ Transferee \_\_\_\_ Debtors's Attorney \_\_\_\_

\_\_\_\_\_  
Deputy Clerk

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

Delphi Automotive Systems, LLC, et al.

Debtor

Case No. 05-44640

Chapter 11

**NOTICE OF TRANSFER OF CLAIM  
PURSUANT TO RULE 3001(c)**

PLEASE TAKE NOTICE that the claim of Novellus Systems, Inc. ("Assignor") against the Debtor in the amount of \$154,620.81 and all claims of Assignor against Debtor have been transferred and assigned to Stonehill Institutional Partners, L.P. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

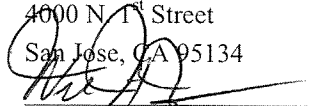
I, the undersigned Assignor of the claims described above, hereby assign and transfer my claims and all rights thereto to Stonehill Institutional Partners, L.P. according to the terms of the Assignment of Claim duly executed by me on the date hereof. I have a claim against the Debtor that has not been previously transferred, and the Debtor has neither objected to nor satisfied this claim. The clerk of this Court is authorized to change the address of record regarding the claim to that of Assignee listed below. I also waive my right to object to the assignment and any notice or hearing requirements pursuant to Rule 3001 of the Bankruptcy Rules.

ASSIGNEE: Stonehill Institutional Partners, L.P.

Address: Re: Delphi Corp., et al. claim  
c/o Stonehill Capital Management  
885 Third Avenue, 30<sup>th</sup> Floor  
New York, NY 10022

ASSIGNOR: Novellus Systems, Inc.

Address: 4000 N 1<sup>st</sup> Street  
San Jose, CA 95134

Signature: 

Name: William Kurtz

Title: Chief Financial Officer

Date: (408) 570-2813

### Creditor Data for Claim Number 2097

Creditor Name: Novellus Systems Inc Creditor Notice Name: Attn Phyllis Miller	Date Claim Filed: 2/22/2006 Delphi Claim #: 2097 Court Claim #: 2097 Amend/Replace? Amend A/R Date: 2/1/2006 Claim # Amended/Replaced: Date Filed:
Debtor Name: Delphi Automotive Systems LLC Case Number: 05-44640	
Claim Nature: General Unsecured Amount of Claim: \$154,620.81	Creditor Info Altered? Y Objection Filed? N
Schedule: Schedule Amt:	

<b>United States Bankruptcy Court</b>		<b>District Of</b>	<b>PROOF OF CLAIM</b>
Name of Debtor <b>Delphi Automotive Systems LLC</b>		Case Number <b>05-44481</b>	This Space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>Novellus Systems, Inc.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	This Space For Court Use Only
Name and Address where notices should be sent: <b>4000 N. 1st Street San Jose, CA. 95134 Attn: Phyllis Miller</b>			
Telephone Number: <b>408 545-3665</b>			
Last four digits of account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> amends a previously filed claim dated: <b>2-1-06</b>	
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2. Date debt was incurred:</b> <b>7-1-05 to 10-1-05</b>		<b>3. If court judgment, date obtained:</b>	
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim \$ 154,620.81</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. <b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____			
<b>5. Total Amount of Claim at Time Case Filed: \$ 154,620.81</b> (Unsecured) (Secured) (Priority) (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			This Space For Court Use Only
Date: <b>2/17/06</b>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): 